

# AMERICAN CAREER TRAINING

8530 Commercial Way Redding, CA 96002  
(888) 700-5693 FAX (530) 223-1086  
530-223-5693

## **Application for Placement Assistance**

Please Read Carefully Before Filling out application

1. Must be legible
2. Leave NO blank spaces if it doesn't apply write N/ A
3. Your employment record must be completed to the best of your ability. Do not leave out any employers. Be sure there are no gaps in employment history of more than 30 days. If you were unemployed, incarcerated, in school or on public assistance, put it down.

**DO NOT LIE ON THIS OR ANY OTHER APPLICATION!!!**

The application will be reviewed during the first week of school. It will be reviewed with your instructor then passed on to the placement department. Remember your successful placement will be largely based upon this application, so do your best, keep it legible, and be as accurate as possible.

How did you hear about us???

Raido      T.V.      Craiglist      Internet      Newspaper      Filers      Referral

**APPLICATION BEGINS ON NEXT PAGE**

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## American Career Training

### Application for Placement Assistance

Date of application: \_\_\_\_\_

Name: \_\_\_\_\_ S.S.N. \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_

How long at the above address: \_\_\_\_\_

Residence for the past 3 years: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Check one: Married Engaged Divorced Seperated Single Widowed

Number of Dependents: \_\_\_\_\_

Name & Ages of Dependents: \_\_\_\_\_

In Case of Emergency Notify \_\_\_\_\_

Personal References (please give three)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Website: [www.americancareertraining.edu](http://www.americancareertraining.edu)

Email: [Americancareertraining@yahoo.com](mailto:Americancareertraining@yahoo.com)



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## EMPLOYMENT RECORD FOR PAST 10 YEARS

Beginning with your present or most recent job, work backwards in order, listing your employers for at least 10 years including all full & part-time employment. All time must be accounted for including military service; self-employment; school; periods of unemployment; or others.

**Do not leave any gaps in time of more than 30 days.**

**May we contact your current and/or past employers:**

**YES**

**NO**

Dates Employed	From: To:	Name	
Phone #		Address	
Equipment Driven		Postion Held	
Trailers Pulled		Reason for leaving	Voluntarily Quit: Terminated:
Supervisor		Please Explain	
States Driven in		How many accidents	
Rate of pay			

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Phone #		Address	
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Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes

No

Has any license, permit, or privilege been suspended or revoked?

Yes

No

Have you EVER been stopped for driving while intoxicated?

Yes

No

Have you ever been convicted of a felony?

Yes

No

When was the last time , if any, you used any illegal drug?

Date

Have you ever been arrested by the police?

Yes

No

Have you ever been disqualified to drive commercial vehicles according to part 391.41.e of the FMCSR?

Yes

No

If you answer yes to any of these questions, please explain, state, circumstances and dates:

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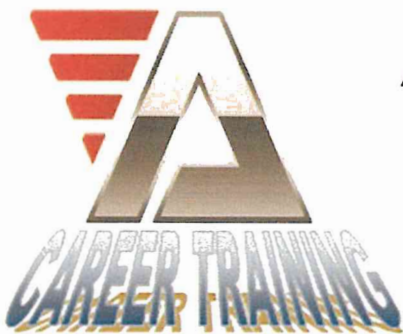
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## **Pre-Application for Student Training**

All information given on this application is confidential and must be true and accurate. This information must be verifiable in order for student to be accepted for enrollment.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_

How long at the above address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ S.S.N \_\_\_\_\_

Last job of 6 months or more: Company \_\_\_\_\_

Phone #: \_\_\_\_\_

## **Mandatory Emergency Contact Person**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_





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Is there a reason you cannot verify your past employment history for 10 years?		
Have you ever been fired from a past employer?		
Have you ever been injured on the job or received workers comp.?		
Is there any reason you cannot be away from home for extended periods 3 to 4 weeks?		
Have you ever been on Probation or Parole?		

Please give an explanation to each item you answered yes to in section B.

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I certify that I have answered the above questions truthfully and to the best of my knowledge.

Signature

Date